

QUARTERLY REPORT CERTIFICATION OF USE AND CONDITION OF EQUIPMENT

(due within 30 days of the close of the calendar quarter by May 1, August 1, November 1, and February 1)

Year _____

Agency _____

Report for

Quarter Ending: 3/30 6/30 9/30 12/31

(circle one)

1. Vehicles

					<i>Average Number Per Day</i>				
a. Description (Year, Make, Model)	b. Vehicle Identification Number (VIN)	c. Vehicle License Number	d. Number of Days Vehicle Used in Quarter	e. End of Quarter Odometer Mileage	f. Service Miles	g. Service Hours	h. One-Way Passenger Trips	i. Maintenance Costs	j. Type of Section 5310 Communication Equipment Installed**
Total*									

* This total should equal total for item 3., page 2.

** Indicate "R" for radio, "C" for cellular phone and "ODT" for on-board data terminal.

2. Other Equipment (e.g., computer, base station, etc.)

k. Description (Make, Model)	l. Serial Number	m. Location

3. Breakdown*** of **total** (column h., page 1) average one-way passenger trips per day

Elderly	
Wheelchair users	
Disabled	
Other Passengers (Incidental Service)	
Total one-way passenger trips per day	

*** Passengers who are both elderly and disabled should be categorized as seems most appropriate to the grantee, but should not be double-counted.

4. Loss, damage or major repair to equipment (exclude preventative maintenance, replacement of parts less than \$300).

5. Changes in operation (assignment of vehicles, days and hours of service, routes and geographic area, and client groups served) or changes in use of other equipment (e.g., computers)

6. CHP safety inspections, dates, results.

7. All of the vehicles identified in this report are covered by an insurance policy that meets the requirements of the project agreement(s) and expires on:

_____.

8. All of the equipment identified in this report is being used to provide transportation services for elderly and persons with disabilities in accordance with the terms of the grant(s) and project agreement(s) under which it was received. **(NOTE: It is the grantee's obligation to notify Caltrans immediately whenever Section 5310 equipment is no longer needed or used for grant purposes, as described in the grantee's project agreement and original application.)**

Name and Title (typed): _____

Signature: _____ Date of Signature: _____

Contact: _____ at Phone No _____ for questions.

Address: _____

INSTRUCTIONS**Quarterly Report – Certification of Use and Condition of Equipment****GENERAL**

- Use this form or adapt the format to your computer, provided the same information is included. An electronic version of this form can be downloaded from the Mass Transportation Homepage website at “dot.ca.gov/hq/MassTrans/applicat.htm.”
- Reporting Periods:
 - 1st quarter: January 1 – March 30, report due **May 1**
 - 2nd quarter: April 1 – June 30, report due **August 1**
 - 3rd quarter: July 1 – September 30, report due **November 1**
 - 4th quarter: October 1 – December 31, report due **February 1**.
- This form is to be mailed or faxed to your Section 5310 Regional (northern and southern) Coordinator. For assistance in determining the address and/or fax number of your coordinator, please call 1-888-GRANT16.
- **Failure to submit these reports violates the terms and conditions of the grantee’s agreement(s) with Caltrans and can lead to termination of the project(s) and relinquishment of equipment.**

ITEM-BY-ITEM

1. **Vehicles:** Include all Section 5310 funded vehicles **currently** under contract.
 - a. Description (year, make, model), e.g., “98 Ford, Supreme Candidate.”
 - b. Only the last five digits of the VIN are needed.
 - c. License number.
 - d. Total number of **days** the vehicle was used in the last quarter.
 - e. Odometer reading at the end of the quarter.
 - f. **Average** service miles **per day** for the quarter (round up, do not use fractions).
 - g. **Average** service hours **per day** for the quarter (round up, do not use fractions).
 - h. **Average** one-way passenger (OWP) trips **per day** for the quarter (round up, do not use fractions). Note: each passenger boarding = one OWP trip. Calculate the **total** OWP per day for all Section 5310 vehicles and insert at the bottom of column “h.”
 - i. Total maintenance costs for the quarter. Each agency should determine what costs are considered to be maintenance and apply consistently. Any loss, not mechanically related, such as accident, fire, vandalism, etc., should be excluded and noted in response to question 4.
 - j. Indicate “R” for radio and “C” for cellular phone for any communication equipment installed in the vehicle that was purchased with Section 5310 funds.
2. **Other Equipment (e.g., computers, base stations, fareboxes, etc.):** List all other equipment purchased with Section 5310 funds, excluding communication equipment installed in vehicles.
 - k. Description of equipment (make, model), e.g., “Power Macintosh 7300/200.”
 - l. Serial number of equipment.
 - m. Physical location where equipment is stored or used.

INSTRUCTIONS
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Quarterly Report – Certification of Use and Condition of Equipment Instructions

3. Of the **total** average one-way passenger trips per day reported for this quarter in column “h” on page 1, indicate using the listed categories the type of clients served. Categorize clients as seems most appropriate to your agency, but **do not double-count**. For example, an elderly person in a wheelchair should be counted in only one category.
4. Notify Caltrans immediately of any loss or damage (e.g., accident, fire, theft, vandalism, etc.). Do not include preventative maintenance, replacement of tires, or replacement of parts costing less than \$300 as major repair.
5. Describe any changes in operation during the quarter regarding the assignment of **vehicles**, days and hours of service, routes and geographic area covered, and client groups served. Also report any change in use or assignment of **equipment** other than vehicles.
6. Dates and results of the yearly safety inspection of the agency’s facilities and/or vehicles conducted by the California Highway Patrol pursuant to *California Vehicle Code, Section 34501*.
7. Agency certifies that all vehicles identified in this report are covered by insurance that meets the requirements of the grantee’s agreement(s) by indicating the expiration date of the insurance policy.
8. Agency representative certifies by signature that the equipment identified in this report is being used to provide transportation services for elderly persons and persons with disabilities in accordance with the terms and conditions of the grant under which it was received.